

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF INDIANA

Case number (if known) \_\_\_\_\_

Chapter you are filing under:

- Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

 Check if this an amended filing**Official Form 101****Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself****About Debtor 1:****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**Harold**

First name

**Preston**

Middle name

**Byer, III**

Last name and Suffix (Sr., Jr., II, III)

**About Debtor 2 (Spouse Only in a Joint Case):****2. All other names you have used in the last 8 years**

Include your married or maiden names.

**Angela**

First name

**Dawn**

Middle name

**Byer**

Last name and Suffix (Sr., Jr., II, III)

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)****xxx-xx-1252****Angela Dawn Hall****xxx-xx-6161**

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

**About Debtor 1:****4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

- I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

EINs

**About Debtor 2 (Spouse Only in a Joint Case):**

- I have not used any business name or EINs.

Business name(s)

EINs

**5. Where you live**

**2929 Bromm Road  
Evansville, IN 47720**

Number, Street, City, State &amp; ZIP Code

**Vanderburgh**

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State &amp; ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State &amp; ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State &amp; ZIP Code

**6. Why you are choosing this district to file for bankruptcy****Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

**Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

8. **How you will pay the fee**  **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.  
 **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).  
 **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?**

- No.  
 Yes.

SDIN EV discharged ch 7	When	Case number
District _____	When _____	Case number _____
District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

- No  
 Yes.

Debtor _____	Relationship to you _____	
District _____	When _____	Case number, if known _____
Debtor _____	Relationship to you _____	
District _____	When _____	Case number, if known _____

11. **Do you rent your residence?**

- No. Go to line 12.  
 Yes. Has your landlord obtained an eviction judgment against you?  
 No. Go to line 12.  
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State &amp; ZIP Code

*Check the appropriate box to describe your business:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

 No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

 No. Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State &amp; Zip Code

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:***You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

 **Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 **Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 **Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):***You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

 **Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 **Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 **Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

**Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?	16a. <b>Are your debts primarily consumer debts?</b> Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."		
	<input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.		
16b. <b>Are your debts primarily business debts?</b> Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.	<input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.		
16c. State the type of debts you owe that are not consumer debts or business debts			
<hr/>			
17. Are you filing under Chapter 7?	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.  <input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>			
18. How many Creditors do you estimate that you owe?	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
<hr/>			
19. How much do you estimate your assets to be worth?	<input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
<hr/>			
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input checked="" type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

**Part 7: Sign Below**

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**/s/ Harold Preston Byer, III****Harold Preston Byer, III**

Signature of Debtor 1

**/s/ Angela Dawn Byer****Angela Dawn Byer**

Signature of Debtor 2

Executed on March 28, 2019  
MM / DD / YYYYExecuted on March 28, 2019  
MM / DD / YYYY

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**/s/ Kevin Kinkade**

Signature of Attorney for Debtor

Date

**March 28, 2019**

MM / DD / YYYY

**Kevin Kinkade**

Printed name

**Kinkade & Associates, P.C.**

Firm name

**123 NW 4th Street**

**Suite 201**

**Evansville, IN 47708-1709**

Number, Street, City, State & ZIP Code

Contact phone **812-434-4909**

Email address

**kinkadeassociates@hotmail.com**

**17733-82 IN**

Bar number & State

Fill in this information to identify your case:

Debtor 1	<b>Harold Preston Byer, III</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Angela Dawn Byer</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF INDIANA		
Case number (if known)			

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

		<b>Your assets</b> Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	\$ <b>0.00</b>
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <b>0.00</b>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <b>8,537.50</b>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <b>8,537.50</b>

#### Part 2: Summarize Your Liabilities

		<b>Your liabilities</b> Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	\$ <b>0.00</b>
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of Schedule D...	\$ <b>0.00</b>
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	\$ <b>0.00</b>
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$ <b>0.00</b>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	\$ <b>65,630.83</b>
		<b>Your total liabilities</b> \$ <b>65,630.83</b>

#### Part 3: Summarize Your Income and Expenses

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	\$ <b>3,399.98</b>
	Copy your combined monthly income from line 12 of Schedule I.....	\$ <b>3,399.98</b>
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	\$ <b>3,390.00</b>
	Copy your monthly expenses from line 22c of Schedule J.....	\$ <b>3,390.00</b>

#### Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?
 

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?
 

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	<u>5,338.42</u>
----	-----------------

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>32,411.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
<b>9g. Total.</b> Add lines 9a through 9f.	\$ <u>32,411.00</u>

Fill in this information to identify your case and this filing:

Debtor 1	<b>Harold Preston Byer, III</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Angela Dawn Byer</b>		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>SOUTHERN DISTRICT OF INDIANA</b>			
Case number			<input type="checkbox"/> Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.  
 Yes. Where is the property?

#### Part 2: Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

##### 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No  
 Yes

3.1 Make: **Chevrolet**  
 Model: **Trailblazer**  
 Year: **2002**  
 Approximate mileage: **285000**  
 Other information:  
**VIN 1gndt13s322191505  
 value based on 2019 NADA less  
 condition**

##### Who has an interest in the property? Check one

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?      Current value of the portion you own?**

**\$2,500.00      \$2,500.00**

3.2 Make: **Kia**  
 Model: **Sedona**  
 Year: **2006**  
 Approximate mileage: **200000**  
 Other information:  
**VIN kndmb233966032965  
 value based on 2019 NADA less  
 condition**

##### Who has an interest in the property? Check one

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?      Current value of the portion you own?**

**\$3,162.50      \$3,162.50**

##### 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories *Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories*

- No  
 Yes

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$5,662.50

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?  
 Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

No

Yes. Describe.....

**5 Beds, 6 dressers, 4 night stands, 5 lamps, bookshelf, couch, recliner, desk, linens, kitchenware, kitchen accessories, cookware, table w chairs, refrigerator, stove, microwave, dishwasher, washer, dryer, lawn mower, grill**

\$900.00

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe.....

**Game console with 10 video games, 4 TVs, dvd player, computer**

\$375.00

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

**Minimal household picture, knick knacks**

\$50.00

**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

**Used clothing**

\$500.00

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

Debtor 1 **Harold Preston Byer, III**  
Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

<b>Diamond ring and two gold bands, men's gold band, misc costume jewelry</b>	<b>\$250.00</b>
---	-----------------

**13. Non-farm animals***Examples:* Dogs, cats, birds, horses

- No  
 Yes. Describe.....

**14. Any other personal and household items you did not already list, including any health aids you did not list**

- No  
 Yes. Give specific information.....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....****\$2,075.00****Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- No  
 Yes.....

**Cash** **\$1.00****17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- No  
 Yes..... Institution name:

	<b>Joint savings account</b>	<b>Evansville Teachers Federal Credit Union</b>	<b>\$5.00</b>
17.1.	Joint checking account	Evansville Teachers Federal Credit Union	\$139.64

**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

- No  
 Yes..... Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

- No  
 Yes. Give specific information about them..... Name of entity: % of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

- No  
 Yes. Give specific information about them Issuer name:

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

**21. Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately.

Type of account:

Institution name:

<b>Pension</b>	<b>Retirement through employer</b>	<b>\$0.00</b>
----------------	------------------------------------	---------------

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes. ....

Institution name or individual:

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes..... Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No

Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

<b>Tax refund</b>	<b>Federal and State</b>	<b>\$654.36</b>
-------------------	--------------------------	-----------------

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information..

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

 No Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund  
value:

<b>Life insurance through union for Debtor</b>	<b>Joint Debtor</b>	<b>\$0.00</b>
--	---------------------	---------------

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information..**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

 No Yes. Describe each claim.....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim.....**35. Any financial assets you did not already list** No Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

\$800.00

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
 If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?** No. Go to Part 7. Yes. Go to line 47.**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

 No Yes. Give specific information.....

**54. Add the dollar value of all of your entries from Part 7. Write that number here .....**

\$0.00

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

<b>Part 8: List the Totals of Each Part of this Form</b>	
55. Part 1: Total real estate, line 2 .....	\$0.00
56. Part 2: Total vehicles, line 5 .....	\$5,662.50
57. Part 3: Total personal and household items, line 15 .....	\$2,075.00
58. Part 4: Total financial assets, line 36 .....	\$800.00
59. Part 5: Total business-related property, line 45 .....	\$0.00
60. Part 6: Total farm- and fishing-related property, line 52 .....	\$0.00
61. Part 7: Total other property not listed, line 54 .....	\$0.00
62. Total personal property. Add lines 56 through 61... .....	\$8,537.50
	Copy personal property total
63. Total of all property on Schedule A/B. Add line 55 + line 62 .....	\$8,537.50

Fill in this information to identify your case:

Debtor 1	<b>Harold Preston Byer, III</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Angela Dawn Byer</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF INDIANA		
Case number (if known)			

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
<b>2002 Chevrolet Trailblazer 285000 miles VIN 1gndt13s322191505 value based on 2019 NADA less condition</b> Line from <i>Schedule A/B</i> : 3.1	\$2,500.00	<input checked="" type="checkbox"/> \$2,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
<b>2006 Kia Sedona 200000 miles VIN kndmb233966032965 value based on 2019 NADA less condition</b> Line from <i>Schedule A/B</i> : 3.2	\$3,162.50	<input checked="" type="checkbox"/> \$3,162.50 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
<b>5 Beds, 6 dressers, 4 night stands, 5 lamps, bookshelf, couch, recliner, desk, linens, kitchenware, kitchen accessories, cookware, table w chairs, refrigerator, stove, microwave, dishwasher, washer, dryer, lawn mower, grill</b> Line from <i>Schedule A/B</i> : 6.1	\$900.00	<input checked="" type="checkbox"/> \$900.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
<b>Game console with 10 video games, 4 TVs, dvd player, computer</b> Line from <i>Schedule A/B</i> : 7.1	\$375.00	<input checked="" type="checkbox"/> \$375.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known)

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption.</i>	
<b>Minimal household picture, knick knacks</b> Line from <i>Schedule A/B:</i> <b>8.1</b>	<b>\$50.00</b>	<input checked="" type="checkbox"/> <b>\$50.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ind. Code § 34-55-10-2(c)(2)</b>
<b>Used clothing</b> Line from <i>Schedule A/B:</i> <b>11.1</b>	<b>\$500.00</b>	<input checked="" type="checkbox"/> <b>\$500.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ind. Code § 34-55-10-2(c)(2)</b>
<b>Diamond ring and two gold bands, men's gold band, misc costume jewelry</b> Line from <i>Schedule A/B:</i> <b>12.1</b>	<b>\$250.00</b>	<input checked="" type="checkbox"/> <b>\$250.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ind. Code § 34-55-10-2(c)(2)</b>
<b>Cash</b> Line from <i>Schedule A/B:</i> <b>16.1</b>	<b>\$1.00</b>	<input checked="" type="checkbox"/> <b>\$1.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ind. Code § 34-55-10-2(c)(3)</b>
<b>Joint savings account: Evansville Teachers Federal Credit Union</b> Line from <i>Schedule A/B:</i> <b>17.1</b>	<b>\$5.00</b>	<input checked="" type="checkbox"/> <b>\$5.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ind. Code § 34-55-10-2(c)(3)</b>
<b>Joint checking account: Evansville Teachers Federal Credit Union</b> Line from <i>Schedule A/B:</i> <b>17.2</b>	<b>\$139.64</b>	<input checked="" type="checkbox"/> <b>\$139.64</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ind. Code § 34-55-10-2(c)(3)</b>
<b>Federal and State: Tax refund</b> Line from <i>Schedule A/B:</i> <b>28.1</b>	<b>\$654.36</b>	<input checked="" type="checkbox"/> <b>\$654.36</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ind. Code § 34-55-10-2(c)(3)</b>

**3. Are you claiming a homestead exemption of more than \$160,375?**

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

 No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Fill in this information to identify your case:

Debtor 1	<b>Harold Preston Byer, III</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Angela Dawn Byer</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>SOUTHERN DISTRICT OF INDIANA</b>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

## Fill in this information to identify your case:

Debtor 1	<b>Harold Preston Byer, III</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Angela Dawn Byer</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF INDIANA		
Case number (if known)			

Check if this is an amended filing

## Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 <b>Indiana Department Of Revenue</b> Priority Creditor's Name <b>100 Senate Drive Room N240 Indianapolis, IN 46204-2217</b> Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00
Who incurred the debt? Check one.	When was the debt incurred?	As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Type of PRIORITY unsecured claim:</b>	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated	<input type="checkbox"/> Other. Specify _____	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	any potential claim		
2.2 <b>IRS</b> Priority Creditor's Name <b>PO Box 7346 Philadelphia, PA 19101</b> Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00
Who incurred the debt? Check one.	When was the debt incurred?	As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Type of PRIORITY unsecured claim:</b>	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated	<input type="checkbox"/> Other. Specify _____	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	any potential liability		

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	<b>Advanced Diagnostic Imaging, PC</b> Nonpriority Creditor's Name <b>1120 Professional Blvd</b> <b>Evansville, IN 47732-3281</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <u>prior to filing</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical</u>
4.2	<b>Advanced Pain Care Clinic</b> Nonpriority Creditor's Name <b>PO Box 5249</b> <b>Evansville, IN 47716-5249</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <u>prior to filing</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical</u>

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

4.3	<b>Advanced Therapy Innovations</b> Nonpriority Creditor's Name <b>5326 Vogel Rd Evansville, IN 47715</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$837.00</b>
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <u>prior to filing</u>	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>medical</u>	
4.4	<b>AT&amp;T</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy Dept. 2612 N Roan St Johnson City, TN 37601-1708</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$1,390.00</b>
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <u>prior to filing</u>	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>past due utility</u>	
4.5	<b>Big Picture Loans</b> Nonpriority Creditor's Name <b>N 5384 US Highway 45 Suite 400 Watersmeet, MI 49969</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$1,068.00</b>
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <u>prior to filing</u>	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>loan</u>	

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

4.6	<b>Capital One Bank USA NA</b> Nonpriority Creditor's Name <b>15075 Capital One Drive 2nd Floor Richmond, VA 23238</b> Number Street City State Zip Code	Last 4 digits of account number <u>8419</u>	\$460.27
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed			
At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>credit card</u>			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>damages</u> <u>82d06111sc11556</u>			
4.7	<b>City Of Evansville - Fire Dept</b> Nonpriority Creditor's Name <b>425 W Mill Rd Evansville, IN 47710</b> Number Street City State Zip Code	Last 4 digits of account number <u>1556</u>	\$278.00
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed			
At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>damages</u> <u>82d06111sc11556</u>			
4.8	<b>Comenity Bank/Victoria's Secret</b> Nonpriority Creditor's Name <b>PO Box 659728 San Antonio, TX 78265</b> Number Street City State Zip Code	Last 4 digits of account number	\$109.00
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed			
At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>credit card</u>			

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

4.9	<b>Community Memorial Hospital</b> Nonpriority Creditor's Name <b>208 Columbus Street</b> <b>Hicksville, OH 43526</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$108.00</b>
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <u>prior to filing</u>	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>medical</u>	
4.1 0	<b>Crane Federal Credit Union</b> Nonpriority Creditor's Name <b>1 West Gate Drive</b> <b>Odon, IN 47562</b> Number Street City State Zip Code	Last 4 digits of account number <u>0025</u>	<b>\$1,217.99</b>
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <u>prior to filing</u>	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>defaulted loan</u> <u>51c011802sc00025</u>	
4.1 1	<b>Credit One Bank</b> Nonpriority Creditor's Name <b>PO Box 98873</b> <b>Las Vegas, NV 89119</b> Number Street City State Zip Code	Last 4 digits of account number <u>0987</u>	<b>\$798.58</b>
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <u>prior to filing</u>	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>credit card</u>	

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

<b>4.1 2</b>	<p><b>Deaconess Hospital</b>            Nonpriority Creditor's Name  <b>PO Box 152</b>  <b>Evansville, IN 47701-0152</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes      <b>medical</b>  <input checked="" type="checkbox"/> Other. Specify <b>82d071901sc000394</b></p>	Last 4 digits of account number <b>0394</b> When was the debt incurred? <b>prior to filing</b> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p>	<b>\$0.00</b>
<b>4.1 3</b>	<p><b>Deaconess Hospital</b>            Nonpriority Creditor's Name  <b>PO Box 152</b>  <b>Evansville, IN 47701-0152</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes      <b>medical</b>  <input checked="" type="checkbox"/> Other. Specify <b>82d061508sc007885</b></p>	Last 4 digits of account number <b>7885</b> When was the debt incurred? <b>prior to filing</b> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p>	<b>\$2,981.00</b>
<b>4.1 4</b>	<p><b>Deaconess Hospital</b>            Nonpriority Creditor's Name  <b>PO Box 152</b>  <b>Evansville, IN 47701-0152</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes      <b>medical</b>  <input checked="" type="checkbox"/> Other. Specify <b>82d071509sc008972</b></p>	Last 4 digits of account number <b>8972</b> When was the debt incurred? <b>prior to filing</b> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p>	<b>\$850.00</b>

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

4.1 5	<b>Deaconess Hospital</b> Nonpriority Creditor's Name <b>PO Box 152</b> <b>Evansville, IN 47701-0152</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$2,800.00</b>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>medical</u></p>			
<p><b>As of the date you file, the claim is:</b> Check all that apply</p>			
<p><b>Type of NONPRIORITY unsecured claim:</b></p>			

  

4.1 6	<b>Deaconess Women's Anesthesia</b> Nonpriority Creditor's Name <b>PO Box 1230</b> <b>Evansville, IN</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$102.00</b>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>medical</u></p>			
<p><b>As of the date you file, the claim is:</b> Check all that apply</p>			
<p><b>Type of NONPRIORITY unsecured claim:</b></p>			

  

4.1 7	<b>Deaconess Womens Hospital</b> Nonpriority Creditor's Name <b>4199 Gateway Blvd</b> <b>Newburgh, IN 47630</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$2,743.00</b>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>medical</u></p>			
<p><b>As of the date you file, the claim is:</b> Check all that apply</p>			
<p><b>Type of NONPRIORITY unsecured claim:</b></p>			

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

4.1 8	<p><b>Dean Family Dental Practice, LLC</b>            Nonpriority Creditor's Name  <b>710 W Mill Rd</b>  <b>Evansville, IN 47710-3928</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>medical</b></p>	Last 4 digits of account number _____ <b>\$200.00</b> When was the debt incurred? <b>prior to filing</b> As of the date you file, the claim is: Check all that apply
4.1 9	<p><b>Discover Bank</b>            Nonpriority Creditor's Name  <b>Discover Products</b>  <b>PO Box 3025</b>  <b>New Albany, OH 43054</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>credit card</b></p>	Last 4 digits of account number <b>6226</b> <b>\$823.00</b> When was the debt incurred? <b>prior to filing</b> As of the date you file, the claim is: Check all that apply
4.2 0	<p><b>Emergency Prof Of Indiana PC</b>            Nonpriority Creditor's Name  <b>PO Box 740023</b>  <b>Cincinnati, OH 45274</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>medical</b></p>	Last 4 digits of account number _____ <b>\$159.00</b> When was the debt incurred? <b>prior to filing</b> As of the date you file, the claim is: Check all that apply

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

4.2  
1

**Evansville Anesthesia Associates  
Billing**

Nonpriority Creditor's Name

**PO Box 2406  
Indianapolis, IN 46206-2406**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another       Type of NONPRIORITY unsecured claim:  
 Check if this claim is for a community debt       Student loans  
 Is the claim subject to offset?       Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify medical

Last 4 digits of account number \_\_\_\_\_

\$150.00

When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

4.2  
2

**Evansville Radiology PC**

Nonpriority Creditor's Name

**350 W Columbia St Ste 420  
Evansville, IN 47710**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another       Type of NONPRIORITY unsecured claim:  
 Check if this claim is for a community debt       Student loans  
 Is the claim subject to offset?       Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify medical

Last 4 digits of account number \_\_\_\_\_

\$200.00

When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

4.2  
3

**Evansville Surgical Associates**

Nonpriority Creditor's Name

**PO Box 23250  
Evansville, IN 47724**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another       Type of NONPRIORITY unsecured claim:  
 Check if this claim is for a community debt       Student loans  
 Is the claim subject to offset?       Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify medical

Last 4 digits of account number \_\_\_\_\_

\$171.57

When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

4.2 4	<b>First Premier Bank</b> Nonpriority Creditor's Name <b>PO Box 5519</b> <b>Sioux Falls, SD 57117-5519</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>6315</b> <b>When was the debt incurred?</b> <b>prior to filing</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>credit card</b>	<b>\$510.00</b>
4.2 5	<b>GHA- St. Mary's Medical Center</b> Nonpriority Creditor's Name <b>3700 Washington Avenue</b> <b>Evansville, IN 47750</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> _____ <b>When was the debt incurred?</b> <b>prior to filing</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical</b>	<b>\$291.75</b>
4.2 6	<b>Ivy Tech College Of Indiana</b> Nonpriority Creditor's Name <b>3501 First Ave</b> <b>Evansville, IN 47710</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> _____ <b>When was the debt incurred?</b> <b>prior to filing</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>tuition</b>	<b>\$125.00</b>

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

4.2 7	<b>Kohls</b> Nonpriority Creditor's Name <b>PO Box 3115</b> <b>Milwaukee, WI 53201</b> Number Street City State Zip Code	Last 4 digits of account number <b>4252</b>	\$605.00
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>credit card</b>			
<hr/>			
4.2 8	<b>Kohls</b> Nonpriority Creditor's Name <b>PO Box 3115</b> <b>Milwaukee, WI 53201</b> Number Street City State Zip Code	Last 4 digits of account number <b>4552</b>	\$238.00
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>credit card</b>			
<hr/>			
4.2 9	<b>Kohls</b> Nonpriority Creditor's Name <b>PO Box 3115</b> <b>Milwaukee, WI 53201</b> Number Street City State Zip Code	Last 4 digits of account number <b>4045</b>	\$474.58
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>credit card</b>			

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

4.3 0	<b>Kohls</b> Nonpriority Creditor's Name <b>PO Box 3115</b> <b>Milwaukee, WI 53201</b> Number Street City State Zip Code	Last 4 digits of account number <b>5042</b> When was the debt incurred? <b>prior to filing</b>  <b>As of the date you file, the claim is:</b> Check all that apply	<b>\$666.00</b>
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>credit card</b>			
<b>Laboratory Corp. Of America</b> Nonpriority Creditor's Name <b>1200 Professional Blvd</b> <b>Evansville, IN 47714</b> Number Street City State Zip Code		Last 4 digits of account number _____ When was the debt incurred? <b>prior to filing</b>  <b>As of the date you file, the claim is:</b> Check all that apply	<b>\$570.00</b>
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical</b>			
<b>Medical &amp; Professional Collection Svc.</b> Nonpriority Creditor's Name <b>5055 Newburgh Plaza South</b> <b>Newburgh, IN 47630</b> Number Street City State Zip Code		Last 4 digits of account number _____ When was the debt incurred? <b>prior to filing</b>  <b>As of the date you file, the claim is:</b> Check all that apply	<b>\$4,028.00</b>
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical collections</b>			

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

4.3 3	<b>Ped Ophth &amp; Adult Strabismus</b> Nonpriority Creditor's Name <b>PO Box 6069 Dept 156</b> <b>Indianapolis, IN 46206</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> _____ <b>\$116.78</b> <b>When was the debt incurred?</b> <u>prior to filing</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical</u>
4.3 4	<b>Premier Bankcard</b> Nonpriority Creditor's Name <b>3820 North Louise Ave</b> <b>Sioux Falls, SD 57107</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>6316</u> <b>\$855.00</b> <b>When was the debt incurred?</b> <u>prior to filing</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>credit card</u>
4.3 5	<b>Publishers Clearing House</b> Nonpriority Creditor's Name <b>101 Winners Circle</b> <b>Jericho, NY 11753</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> _____ <b>\$32.56</b> <b>When was the debt incurred?</b> <u>prior to filing</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>services</u>

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

4.3  
6

<b>R&amp;D Investments</b> Nonpriority Creditor's Name <b>707 N Main Street</b> <b>Evansville, IN 47711</b> Number Street City State Zip Code	Last 4 digits of account number <b>3782</b> <span style="float: right;">\$0.00</span>
Who incurred the debt? Check one.	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans
Is the claim subject to offset?	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims
<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
<b>past due rent/damages</b> <b>■ Other. Specify 82d060305sc03782</b>	

4.3  
7

<b>Republic Services</b> Nonpriority Creditor's Name <b>PO Box 9001099</b> <b>Louisville, KY 40290-1099</b> Number Street City State Zip Code	Last 4 digits of account number <span style="float: right;">\$98.04</span>
Who incurred the debt? Check one.	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans
Is the claim subject to offset?	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims
<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
<b>past due utility</b> <b>■ Other. Specify</b>	

4.3  
8

<b>Southern Indiana Imaging Consultants</b> Nonpriority Creditor's Name <b>PO Box 138</b> <b>Evansville, IN 47701-0138</b> Number Street City State Zip Code	Last 4 digits of account number <span style="float: right;">\$66.00</span>
Who incurred the debt? Check one.	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans
Is the claim subject to offset?	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims
<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
<b>medical</b> <b>■ Other. Specify</b>	

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

4.3 9	<p><b>St. Mary's Convenient Care &amp;</b>            Nonpriority Creditor's Name  <b>Occupational Medicine</b>  <b>801 St. Mary's Dr Ste 406E</b>  <b>Evansville, IN 47714</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$1,475.00</b></p> <p>When was the debt incurred? <b>prior to filing</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>medical</b></p>
4.4 0	<p><b>St. Mary's Medical Center</b>            Nonpriority Creditor's Name  <b>3700 Washington Ave</b>  <b>Evansville, IN 47714</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$1,400.00</b></p> <p>When was the debt incurred? <b>prior to filing</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>medical</b></p>
4.4 1	<p><b>St. Mary's Medical Group</b>            Nonpriority Creditor's Name  <b>PO Box 14099</b>  <b>Belfast, ME 04915</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$77.71</b></p> <p>When was the debt incurred? <b>prior to filing</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>medical</b></p>

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

4.4  
2**St. Vincent Evansville Medical Group**

Nonpriority Creditor's Name

**PO Box 14099****Belfast, ME 04915**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$117.00**When was the debt incurred? **prior to filing****As of the date you file, the claim is:** Check all that apply

- Contingent  
 Unliquidated  
 Disputed  
**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **medical**

4.4  
3**Steven A. Rupert LLC**

Nonpriority Creditor's Name

**8221 Berry Dr****Evansville, IN 47710**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$685.00**When was the debt incurred? **prior to filing****As of the date you file, the claim is:** Check all that apply

- Contingent  
 Unliquidated  
 Disputed  
**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **medical**

4.4  
4**Susan Nesbitt, MD**

Nonpriority Creditor's Name

**Evansville Anesthesia Associates****7 Parkway Center Suite 375****Pittsburgh, PA 15220**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$173.00**When was the debt incurred? **prior to filing****As of the date you file, the claim is:** Check all that apply

- Contingent  
 Unliquidated  
 Disputed  
**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **medical**

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

4.4 5	<b>The Women's Hospital</b> Nonpriority Creditor's Name <b>4199 Gateway Blvd Newburgh, IN 47630</b> Number Street City State Zip Code	Last 4 digits of account number _____  When was the debt incurred? <b>prior to filing</b>  As of the date you file, the claim is: Check all that apply	<b>\$176.00</b>
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify <b>medical</b>	
4.4 6	<b>Thomas Hastetter, MD</b> Nonpriority Creditor's Name <b>7145 E Virginia St Evansville, IN 47715</b> Number Street City State Zip Code	Last 4 digits of account number <b>1745</b>  When was the debt incurred? <b>prior to filing</b>  As of the date you file, the claim is: Check all that apply	<b>\$2,450.00</b>
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify <b>medical</b> <b>82d011802sc001745</b>	
4.4 7	<b>US Department of Education</b> Nonpriority Creditor's Name <b>PO Box 69184 Harrisburg, PA 17106</b> Number Street City State Zip Code	Last 4 digits of account number _____  When was the debt incurred? <b>prior to filing</b>  As of the date you file, the claim is: Check all that apply	<b>\$32,411.00</b>
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify <b>Student loan</b>	

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

4.4 8	<b>Vectren Energy Delivery</b> Nonpriority Creditor's Name <b>Attn Sharon Armstrong</b> <b>PO Box 209</b> <b>Evansville, IN 47702</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$408.00</b>
	<b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>past due utility</u> <input type="checkbox"/> Yes	When was the debt incurred? _____  <b>prior to filing</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>past due utility</u>		

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address  
**Account Resolution Service**  
**1643 Harrison Parkway Suite 100**  
**Sunrise, FL 33323**

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line 4.20 of (Check one):       Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**AFNI**  
**1310 Martin Luther King Drive**  
**Bloomington, IL 61702**

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line 4.4 of (Check one):       Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Akron Billing**  
**3585 Ridge Park Dr**  
**Akron, OH 44333**

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line 4.20 of (Check one):       Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Alcoa Billing Center**  
**3429 Regal Dr**  
**Alcoa, TN 37701-3265**

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line 4.20 of (Check one):       Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Allied Collection Service Inc.**  
**1607 Central Ave**  
**Columbus, IN 47201-5370**

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line 4.26 of (Check one):       Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Allied Interstate**  
**PO Box 361347**  
**Columbus, OH 43236-1347**

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line 4.11 of (Check one):       Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Alltran Financial, LP**  
**PO Box 610**  
**Sauk Rapids, MN 56379**

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line 4.27 of (Check one):       Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

Name and Address  
**Alltran Financial, LP**  
**PO Box 610**  
**Sauk Rapids, MN 56379**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line **4.30** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**AMCA**  
**PO Box 1235**  
**Elmsford, NY 10523**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line **4.31** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Amcol Systems**  
**111 Lancewood Rd**  
**Columbia, SC 29210**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line **4.40** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Angela D Chapman**  
**315 State St**  
**Newburgh, IN 47630-1231**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line **4.46** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Business Revenue Systems, Inc.**  
**PO Box 13077**  
**Des Moines, IA 50310-0077**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line **4.22** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Capital Management Services LP**  
**698 1/2 S Ogden St**  
**Buffalo, NY 14206**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line **4.19** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Capital One**  
**Attn: Bankruptcy Dept.**  
**PO Box 30285**  
**Salt Lake City, UT 84130**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line **4.6** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Capital One**  
**Attn: Bankruptcy Dept.**  
**PO Box 30285**  
**Salt Lake City, UT 84130**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line **4.27** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Capital One**  
**Attn: Bankruptcy Dept.**  
**PO Box 30285**  
**Salt Lake City, UT 84130**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line **4.28** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Capital One**  
**Attn: Bankruptcy Dept.**  
**PO Box 30285**  
**Salt Lake City, UT 84130**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line **4.29** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Capital One**  
**Attn: Bankruptcy Dept.**  
**PO Box 30285**  
**Salt Lake City, UT 84130**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line **4.30** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

Last 4 digits of account number

Name and Address

**Cash Pro**  
**101 Plaza East Blvd Ste 100**  
**Evansville, IN 47715**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Cash Pro**  
**101 Plaza East Blvd Ste 100**  
**Evansville, IN 47715**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.38** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Centurion FCU**  
**100 MLK Blvd**  
**Evansville, IN 47708**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Collection Associates ndba RMP**  
**PO Box 20508**  
**1809 N Broadway St**  
**Indianapolis, IN 46220**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Collection Associates ndba RMP**  
**PO Box 20508**  
**1809 N Broadway St**  
**Indianapolis, IN 46220**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Collection Associates ndba RMP**  
**PO Box 20508**  
**1809 N Broadway St**  
**Indianapolis, IN 46220**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Collection Associates ndba RMP**  
**PO Box 20508**  
**1809 N Broadway St**  
**Indianapolis, IN 46220**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Collection Associates ndba RMP**  
**PO Box 20508**  
**1809 N Broadway St**  
**Indianapolis, IN 46220**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Comenity Bank**  
**Attn: Bankruptcy Dept**  
**PO Box 182125**  
**Columbus, OH 43218-2125**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Commonwealth Finance**  
**245 Main St**  
**Scranton, PA 18519**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

**Complete Billing Services**  
**517 US Hwy 31 North**  
**Greenwood, IN 46142**

Line **4.12** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Complete Billing Services**  
**517 US Hwy 31 North**  
**Greenwood, IN 46142**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Complete Billing Services**  
**517 US Hwy 31 North**  
**Greenwood, IN 46142**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Complete Billing Services**  
**517 US Hwy 31 North**  
**Greenwood, IN 46142**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Complete Billing Services**  
**517 US Hwy 31 North**  
**Greenwood, IN 46142**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Credence Resource Management**  
**PO Box 2300**  
**Southgate, MI 48195**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Credit Control, LLC**  
**5757 Phantom Dr Ste 330**  
**Hazelwood, MO 63042**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.30** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**David Shaw**  
**PO Box 3047**  
**Evansville, IN 47730**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Deaconess Health System**  
**PO Box 1230**  
**Evansville, IN 47706-1230**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Deaconess Health System**  
**PO Box 1230**  
**Evansville, IN 47706-1230**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Deaconess Health System**  
**PO Box 1230**  
**Evansville, IN 47706-1230**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Deaconess Health System**  
**PO Box 1230**  
**Evansville, IN 47706-1230**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

Last 4 digits of account number

## Name and Address

**Deaconess Single Billing**  
**Deaconess Single Billing (EPIC)**  
**PO Box 1230**  
**Evansville, IN 47706**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**Deaconess Single Billing**  
**Deaconess Single Billing (EPIC)**  
**PO Box 1230**  
**Evansville, IN 47706**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**Deaconess Single Billing**  
**Deaconess Single Billing (EPIC)**  
**PO Box 1230**  
**Evansville, IN 47706**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**Deaconess Single Billing**  
**Deaconess Single Billing (EPIC)**  
**PO Box 1230**  
**Evansville, IN 47706**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**Diversified Consultants, Inc.**  
**PO Box 551268**  
**Jacksonville, FL 32255**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**Dynamic Recovery Solutions**  
**PO Box 25759**  
**Greenville, SC 29616**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**EPI Finance Group, LLC**  
**517 US Highway 31 N**  
**Greenwood, IN 46142-3932**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**EPI Finance Group, LLC**  
**517 US Highway 31 N**  
**Greenwood, IN 46142-3932**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**EPI Finance Group, LLC**  
**517 US Highway 31 N**  
**Greenwood, IN 46142-3932**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**EPI Finance Group, LLC**  
**517 US Highway 31 N**  
**Greenwood, IN 46142-3932**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**ERC**  
**8014 Bayberry Road**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.27** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

**Jacksonville, FL 32256**

Last 4 digits of account number

Name and Address  
**ERC**  
**8014 Bayberry Road**  
**Jacksonville, FL 32256**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Evansville OBGYN**  
**7145 E Virginia Street**  
**Evansville, IN 47715**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Financial Recovery Services**  
**PO Box 385908**  
**Minneapolis, MN 55438**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.19** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Frontline Asset Strategies**  
**2700 Snelling Avenue N**  
**Suite 250**  
**Roseville, MN 55113-1783**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Frost - Arnet Company**  
**PO Box 198988**  
**Nashville, TN 37219**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.41** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Gatestone & Co. International Inc**  
**PO Box 790113**  
**Saint Louis, MO 63179**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.48** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Global Receivables Solutions, Inc.**  
**2703 N Hwy 75**  
**Sherman, TX 75090**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.48** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Hoosier Accounts Service**  
**PO Box 4007**  
**Evansville, IN 47724-0007**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Hoosier Accounts Service**  
**PO Box 4007**  
**Evansville, IN 47724-0007**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Hoosier Accounts Service**  
**PO Box 4007**  
**Evansville, IN 47724-0007**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Hoosier Accounts Service**  
**PO Box 4007**  
**Evansville, IN 47724-0007**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

Name and Address  
**Hoosier Accounts Service**  
**PO Box 4007**  
**Evansville, IN 47724-0007**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.15 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Hoosier Accounts Service**  
**PO Box 4007**  
**Evansville, IN 47724-0007**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.22 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Hoosier Accounts Service**  
**PO Box 4007**  
**Evansville, IN 47724-0007**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.23 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Hoosier Accounts Service**  
**PO Box 4007**  
**Evansville, IN 47724-0007**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.40 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**HRRG**  
**PO Box 459080**  
**Sunrise, FL 33345**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.20 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Jefferson Capital Systems, LLC**  
**16 McCleland Dr**  
**St. Cloud, MN 56303**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.34 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Kahn, Dees, Donovan & Kahn**  
**PO Box 3646**  
**Evansville, IN 47735-3646**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.12 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Kristin Schaefer**  
**1911 Lincoln Avenue**  
**Evansville, IN 47728**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.14 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Laboratory Corp of America Billing**  
**PO Box 2240**  
**Burlington, NC 27216**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.31 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**LVNV Funding LLC**  
**55 Beattie PI Ste 110**  
**Greenville, SC 29601**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.11 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Med 1 Solutions**  
**517 US Hwy 31 N**  
**Greenwood, IN 46142**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.12 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Med 1 Solutions**  
**517 US Hwy 31 N**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.13 of (Check one):  Part 1: Creditors with Priority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

**Greenwood, IN 46142**

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Med 1 Solutions**  
**517 US Hwy 31 N**  
**Greenwood, IN 46142**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Med 1 Solutions**  
**517 US Hwy 31 N**  
**Greenwood, IN 46142**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Med 1 Solutions**  
**517 US Hwy 31 N**  
**Greenwood, IN 46142**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.40** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Med 1 Solutions**  
**517 US Hwy 31 N**  
**Greenwood, IN 46142**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.45** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Med 1 Solutions**  
**517 US Hwy 31 N**  
**Greenwood, IN 46142**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Medical & Professional Collection Svc.**  
**5055 Newburgh Plaza South**  
**Newburgh, IN 47630**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Medical & Professional Collection Svc.**  
**5055 Newburgh Plaza South**  
**Newburgh, IN 47630**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Medical & Professional Collection Svc.**  
**5055 Newburgh Plaza South**  
**Newburgh, IN 47630**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Medical & Professional Collection Svc.**  
**5055 Newburgh Plaza South**  
**Newburgh, IN 47630**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Medical & Professional Collection Svc.**  
**5055 Newburgh Plaza South**  
**Newburgh, IN 47630**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.40** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

**Medical & Professional Collection  
Svc.  
5055 Newburgh Plaza South  
Newburgh, IN 47630**

Line **4.39** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Medical & Professional Collection  
Svc.  
5055 Newburgh Plaza South  
Newburgh, IN 47630**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Medical & Professional Collection  
Svc.  
5055 Newburgh Plaza South  
Newburgh, IN 47630**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.1** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Medical & Professional Collection  
Svc.  
5055 Newburgh Plaza South  
Newburgh, IN 47630**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.18** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Medical & Professional Collection  
Svc.  
5055 Newburgh Plaza South  
Newburgh, IN 47630**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Medical & Professional Collection  
Svc.  
5055 Newburgh Plaza South  
Newburgh, IN 47630**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.44** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Medical & Professional Collection  
Svc.  
5055 Newburgh Plaza South  
Newburgh, IN 47630**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Midwest Recovery Systems  
514 Earth City Plaza Ste 100  
Earth City, MO 63045**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**MiraMed Revenue Group LLC  
360 E 22nd Street  
Lombard, IL 60148**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**National Recovery Agency  
2491 Paxton St  
Harrisburg, PA 17111**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.48** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Navient  
PO Box 9500**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.47** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

**Wilkes Barre, PA 18773** Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Office Of The United States Attorney  
 Southern District of Indiana  
 10 West Market Street, Ste 2100  
 Indianapolis, IN 46204**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.2 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address  
**Paul Vogler Esq  
 1 West Gate Drive  
 Odon, IN 47562**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**PCH Billing  
 PO Box 6344  
 Harlan, IA 51593**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.35 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Phoenix Financial Services LLC  
 8902 Otis Ave Ste 103A  
 Indianapolis, IN 46216**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.20 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Portfolio Recovery Associates, LLC  
 120 Corporate Blvd Ste 100  
 Norfolk, VA 23502**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Professional & Business  
 Collections Inc.  
 Kahn Dees Donovan Kahn  
 501 Main Street Suite 305  
 Evansville, IN 47708**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**R1 Medical Financial Solutions  
 PO Box 50871  
 Kalamazoo, MI 49005**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.40 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Receivables Management Partners  
 Fdba Collection Associates  
 PO Box 349  
 Greensburg, IN 47240-8217**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.17 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Receivables Performance  
 Management LLC  
 20816 44th Ave West  
 Lynnwood, WA 98036**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Republic Bank  
 c/o EPI Finance Group  
 517 US Highway 31 North  
 Greenwood, IN 46142**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

Name and Address  
**Republic Bank**  
 c/o EPI Finance Group  
 517 US Highway 31 North  
 Greenwood, IN 46142

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.13 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Republic Bank**  
 c/o EPI Finance Group  
 517 US Highway 31 North  
 Greenwood, IN 46142

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.14 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Republic Bank**  
 c/o EPI Finance Group  
 517 US Highway 31 North  
 Greenwood, IN 46142

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.15 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Rev 1 Solutions**  
 517 US Hwy 31 N  
 Greenwood, IN 46142

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.12 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Rev 1 Solutions**  
 517 US Hwy 31 N  
 Greenwood, IN 46142

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.13 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Rev 1 Solutions**  
 517 US Hwy 31 N  
 Greenwood, IN 46142

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.14 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Rev 1 Solutions**  
 517 US Hwy 31 N  
 Greenwood, IN 46142

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.15 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Rev 1 Solutions**  
 517 US Hwy 31 N  
 Greenwood, IN 46142

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.45 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Source Receivables Management**  
 4615 Dundas Dr Ste 102  
 Greensboro, NC 27407

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.48 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**St. Mary's**  
 7109 Reliable Parkway  
 Chicago, IL 60686

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.40 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**St. Mary's Medical Group Billing**  
 PO Box 13059  
 Belfast, ME 04915

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.41 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

Name and Address <b>St. Vincent Evansville Urgent Care</b> <b>PO Box 3444</b> <b>Evansville, IN 47733</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.39</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>St. Vincent Hospital Evansville</b> <b>3700 Washington Avenue</b> <b>Evansville, IN 47750</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.40</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>St. Vincent Medical Group</b> <b>PO Box 636780</b> <b>Cincinnati, OH 45263-6780</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.41</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>St. Vincent Medical Group</b> <b>Evansville</b> <b>PO Box 14000</b> <b>Belfast, ME 04915</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.41</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>St. Vincent Physician Business Services</b> <b>2001 W 86th Street</b> <b>Indianapolis, IN 46260</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.40</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>Team Health</b> <b>PO Box 5305</b> <b>Akron, OH 44334</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.20</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>The Women's Hospital</b> <b>4199 Gateway Blvd</b> <b>Newburgh, IN 47630</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.17</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>The Women's Hospital Provider Svcs</b> <b>PO Box 637272</b> <b>Cincinnati, OH 45263</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.45</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>The Women's Hospital Provider Svcs</b> <b>PO Box 637272</b> <b>Cincinnati, OH 45263</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.17</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>US Dept. of Justice/US Attorney General</b> <b>950 Pennsylvania Avenue, NW</b> <b>Washington, DC 20530-0001</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>2.2</u> of (Check one): <input checked="" type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>US Dept. of Justice/US Attorney General</b> <b>950 Pennsylvania Avenue, NW</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.47</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

**Washington, DC 20530-0001**

Last 4 digits of account number

Name and Address  
**West Asset Management**  
**PO Box 790113**  
**St Louis, MO 63179**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.48** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Western Alliance Bank**  
**PO Box 927830**  
**San Diego, CA 92192**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.40** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	Total Claim
	6a. Domestic support obligations \$ <b>0.00</b>
	6b. Taxes and certain other debts you owe the government \$ <b>0.00</b>
	6c. Claims for death or personal injury while you were intoxicated \$ <b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here. \$ <b>0.00</b>
	6e. Total Priority. Add lines 6a through 6d. \$ <b>0.00</b>
Total claims from Part 2	Total Claim
	6f. Student loans \$ <b>32,411.00</b>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims \$ <b>0.00</b>
	6h. Debts to pension or profit-sharing plans, and other similar debts \$ <b>0.00</b>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here. \$ <b>33,219.83</b>
	6j. Total Nonpriority. Add lines 6f through 6i. \$ <b>65,630.83</b>

Fill in this information to identify your case:

Debtor 1	<b>Harold Preston Byer, III</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Angela Dawn Byer</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF INDIANA		
Case number (if known)			

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code			State what the contract or lease is for
2.1			
Name			
Number	Street		
City	State	ZIP Code	
2.2			
Name			
Number	Street		
City	State	ZIP Code	
2.3			
Name			
Number	Street		
City	State	ZIP Code	
2.4			
Name			
Number	Street		
City	State	ZIP Code	
2.5			
Name			
Number	Street		
City	State	ZIP Code	

Fill in this information to identify your case:

Debtor 1	<b>Harold Preston Byer, III</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Angela Dawn Byer</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF INDIANA		
Case number (if known)			

Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

Name \_\_\_\_\_

Number  
City

Street

State

ZIP Code

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

3.2

Name \_\_\_\_\_

Number  
City

Street

State

ZIP Code

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>Harold Preston Byer, III</b>
Debtor 2 (Spouse, if filing)	<b>Angela Dawn Byer</b>
United States Bankruptcy Court for the:	<b>SOUTHERN DISTRICT OF INDIANA</b>
Case number (if known)	_____

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	<b>Laborer</b>	_____
Employer's name	<b>Ragle Inc.</b>	_____
Employer's address	<b>5266 S Vann Road Newburgh, IN 47630</b>	

How long employed there? **2 years**

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <b>4,145.66</b>	\$ <b>0.00</b>
3. Estimate and list monthly overtime pay.	3. +\$ <b>0.00</b>	+\$ <b>0.00</b>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <b>4,145.66</b>	\$ <b>0.00</b>

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

	For Debtor 1	For Debtor 2 or non-filing spouse
4.	\$ <u>4,145.66</u>	\$ <u>0.00</u>

Copy line 4 here .....

**5. List all payroll deductions:**

- 5a. **Tax, Medicare, and Social Security deductions**  
 5b. **Mandatory contributions for retirement plans**  
 5c. **Voluntary contributions for retirement plans**  
 5d. **Required repayments of retirement fund loans**  
 5e. **Insurance**  
 5f. **Domestic support obligations**  
 5g. **Union dues**  
 5h. **Other deductions.** Specify: \_\_\_\_\_

5a.	\$ <u>538.42</u>	\$ <u>0.00</u>
5b.	\$ <u>0.00</u>	\$ <u>0.00</u>
5c.	\$ <u>0.00</u>	\$ <u>0.00</u>
5d.	\$ <u>0.00</u>	\$ <u>0.00</u>
5e.	\$ <u>0.00</u>	\$ <u>0.00</u>
5f.	\$ <u>0.00</u>	\$ <u>0.00</u>
5g.	\$ <u>207.26</u>	\$ <u>0.00</u>
5h.+	\$ <u>0.00</u>	+ \$ <u>0.00</u>

**6. Add the payroll deductions.** Add lines 5a+5b+5c+5d+5e+5f+5g+5h.6. \$ 745.68 \$ 0.00**7. Calculate total monthly take-home pay.** Subtract line 6 from line 4.7. \$ 3,399.98 \$ 0.00**8. List all other income regularly received:**

- 8a. **Net income from rental property and from operating a business, profession, or farm**

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. \$ 0.00 \$ 0.00

- 8b. **Interest and dividends**

8b. \$ 0.00 \$ 0.00

- 8c. **Family support payments that you, a non-filing spouse, or a dependent regularly receive**

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. \$ 0.00 \$ 0.00

- 8d. **Unemployment compensation**

8d. \$ 0.00 \$ 0.00

- 8e. **Social Security**

8e. \$ 0.00 \$ 0.00

- 8f. **Other government assistance that you regularly receive**

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: \_\_\_\_\_

8f. \$ 0.00 \$ 0.00

- 8g. **Pension or retirement income**

8g. \$ 0.00 \$ 0.00

- 8h. **Other monthly income.** Specify: \_\_\_\_\_

8h.+ \$ 0.00 + \$ 0.00**9. Add all other income.** Add lines 8a+8b+8c+8d+8e+8f+8g+8h.9. \$ 0.00 \$ 0.00**10. Calculate monthly income.** Add line 7 + line 9.10. \$ 3,399.98 + \$ 0.00 = \$ 3,399.98

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

**11. State all other regular contributions to the expenses that you list in Schedule J.**

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: \_\_\_\_\_

11. +\$ 0.00**12. Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income.

Write that amount on the *Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data*, if it applies

12. \$ 3,399.98

Combined  
monthly income

**13. Do you expect an increase or decrease within the year after you file this form?**

No.

Yes. Explain: Joint Debtor is currently not employed;

Fill in this information to identify your case:

Debtor 1	<b>Harold Preston Byer, III</b>
Debtor 2	<b>Angela Dawn Byer</b>
(Spouse, if filing)	
United States Bankruptcy Court for the:	<b>SOUTHERN DISTRICT OF INDIANA</b>
Case number (If known)	

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

- No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents? No

Do not list Debtor 1 and  
Debtor 2.

Yes.

Fill out this information for  
each dependent.....

Dependent's relationship to  
Debtor 1 or Debtor 2

Dependent's  
age

Does dependent  
live with you?

Son

9

No

Yes

Son

12

No

Yes

Son

14

No

Yes

##### 3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know  
the value of such assistance and have included it on Schedule I: Your Income  
(Official Form 106I.)

#### Your expenses

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **350.00**

##### If not included in line 4:

- 4a. Real estate taxes  
 4b. Property, homeowner's, or renter's insurance  
 4c. Home maintenance, repair, and upkeep expenses  
 4d. Homeowner's association or condominium dues  
 5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	<b>0.00</b>
4b. \$	<b>0.00</b>
4c. \$	<b>0.00</b>
4d. \$	<b>0.00</b>
5. \$	<b>0.00</b>

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

**6. Utilities:**

6a. Electricity, heat, natural gas	6a. \$ <u>350.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>60.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>175.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>

**7. Food and housekeeping supplies**

8. Childcare and children's education costs	7. \$ <u>750.00</u>
9. Clothing, laundry, and dry cleaning	8. \$ <u>75.00</u>

**10. Personal care products and services**

11. Medical and dental expenses	9. \$ <u>225.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	10. \$ <u>200.00</u>

**13. Entertainment, clubs, recreation, newspapers, magazines, and books**

14. Charitable contributions and religious donations	11. \$ <u>225.00</u>
15. Insurance.	12. \$ <u>325.00</u>

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>105.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>

**16. Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: _____	16. \$ <u>0.00</u>
----------------	--------------------

**17. Installment or lease payments:**

17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: <b>Student loan payment</b>	17c. \$ <u>150.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>

**18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).**

19. Other payments you make to support others who do not live with you.	18. \$ <u>0.00</u>
Specify: _____	\$ <u>0.00</u>

**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>

**21. Other: Specify: **Union dues****

<b>Tobacco expense</b>	21. +\$ <u>25.00</u>
<b>Children's activities</b>	+\$ <u>150.00</u>
	+\$ <u>100.00</u>

**22. Calculate your monthly expenses**

22a. Add lines 4 through 21.	\$ <u>3,390.00</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>3,390.00</u>
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>3,390.00</u>

**23. Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <u>3,399.98</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>3,390.00</u>

23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$ <u>9.98</u>
---	---------------------

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here: \_\_\_\_\_

**Fill in this information to identify your case:**

Debtor 1	<b>Harold Preston Byer, III</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Angela Dawn Byer</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>SOUTHERN DISTRICT OF INDIANA</b>		
Case number (if known)			

Check if this is an amended filing

**Official Form 106Dec****Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.



**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Harold Preston Byer, III

**Harold Preston Byer, III**

Signature of Debtor 1

Date March 28, 2019

X /s/ Angela Dawn Byer

**Angela Dawn Byer**

Signature of Debtor 2

Date March 28, 2019

Fill in this information to identify your case:

Debtor 1	<b>Harold Preston Byer, III</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Angela Dawn Byer</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF INDIANA		
Case number (if known)			

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

##### 1. What is your current marital status?

- Married  
 Not married

##### 2. During the last 3 years, have you lived anywhere other than where you live now?

- No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

10515 Merrihill Drive  
Evansville, IN 47712

Dates Debtor 1  
lived there

From-To:  
9/16 to 9/17

Debtor 2 Prior Address:

Same as Debtor 1

Dates Debtor 2  
lived there

Same as Debtor 1  
From-To:

##### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

#### Part 2 Explain the Sources of Your Income

##### 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No  
 Yes. Fill in the details.

Debtor 1	Gross income (before deductions and exclusions)	Debtor 2	Gross income (before deductions and exclusions)
Sources of income Check all that apply.		Sources of income Check all that apply.	

From January 1 of current year until  
the date you filed for bankruptcy:

<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$11,219.93	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$1,614.80
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

	<b>Debtor 1</b> <b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)	<b>Debtor 2</b> <b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)
<b>For last calendar year:</b> <b>(January 1 to December 31, 2018 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$52,539.93	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$6,658.63
<b>For the calendar year before that:</b> <b>(January 1 to December 31, 2017 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$57,547.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$0.00

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No  
 Yes. Fill in the details.

	<b>Debtor 1</b> <b>Sources of income</b> Describe below.	<b>Gross income from each source</b> (before deductions and exclusions)	<b>Debtor 2</b> <b>Sources of income</b> Describe below.	<b>Gross income</b> (before deductions and exclusions)
<b>For last calendar year:</b> <b>(January 1 to December 31, 2018 )</b>	<b>Federal Income Tax Refund</b>	\$4,095.00		
	<b>State Income Tax Refund</b>	\$348.00		
<b>For the calendar year before that:</b> <b>(January 1 to December 31, 2017 )</b>	<b>Federal Income Tax Refund</b>	\$5,078.00		
	<b>State Income Tax Refund</b>	\$396.00		

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

- No. Go to line 7.  
 Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

**■ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

 No. Go to line 7. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
-----------------------------	------------------	-------------------	----------------------	--------------------------

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Hoosier Account Services v Angela Byer 82d011802sc001745	small claim	Vanderburgh Superior Court Courts Bldg, Civic Center Complex 825 Sycamore Street Evansville, IN 47708	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
The City of Evansville v Harold Byer 82d061111sc11556	small claim	Vanderburgh Superior Court Courts Bldg, Civic Center Complex 825 Sycamore Street Evansville, IN 47708	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Collection Associates v Harold Byer 82d071509sc008972	small claim	Vanderburgh Superior Court Courts Bldg, Civic Center Complex 825 Sycamore Street Evansville, IN 47708	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

Case title Case number	Nature of the case	Court or agency	Status of the case
Crane FCU v Harold Byer et al 51c011802sc00025	small claim	Martin County Circuit Court 129 Main St Shoals, IN 47581	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
			<b>judgment</b>
Deaconess Hospital v Angela Byer 82d061508sc007885	small claim	Vanderburgh County Superior Courts 825 Sycamore St Ste 126G Evansville, IN 47708	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
			<b>judgment</b>
Professional & Business Collections 82d071901sc000394	small claim	Vanderburgh County Superior Courts 825 Sycamore St Ste 126G Evansville, IN 47708	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
			<b>judgment</b>
R&D Investments v Angela Hall 82d060305sc03782	small claim	Vanderburgh County Superior Courts 825 Sycamore St Ste 126G Evansville, IN 47708	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
			<b>judgment</b>

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

- No. Go to line 11.  
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
	Explain what happened		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- No  
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- No  
 Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**

- No  
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

**Part 6: List Certain Losses****15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

- No  
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		

**Part 7: List Certain Payments or Transfers****16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- No  
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Kinkade & Associates, P.C. 123 NW 4th Street Suite 201 Evansville, IN 47708-1709 kinkadeassociates@hotmail.com	Attorney Fees	2/27/19	\$965.00

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

- No  
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- No  
 Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

Debtor 1 Harold Preston Byer, III  
 Debtor 2 Angela Dawn Byer

Case number (if known)

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- No  
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- No  
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- No  
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- No  
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- No  
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Harold Byer II 2929 Bromm Road Evansville, IN 47720	2929 Bromm Road Evansville, IN 47720	Debtor's father household goods and furnishings	Unknown

Debtor 1 Harold Preston Byer, III  
 Debtor 2 Angela Dawn Byer

Case number (*if known*)**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
- Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

- No
- Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
- Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation
- No. None of the above applies. Go to Part 12.
- Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
---	---	--

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No  
 Yes. Fill in the details below.

Name  
 Address  
 (Number, Street, City, State and ZIP Code)

Date Issued

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Harold Preston Byer, III  
 Harold Preston Byer, III  
 Signature of Debtor 1

/s/ Angela Dawn Byer  
 Angela Dawn Byer  
 Signature of Debtor 2

Date March 28, 2019Date March 28, 2019

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No  
 Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<b>Harold Preston Byer, III</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Angela Dawn Byer</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF INDIANA		
Case number (if known)			

Check if this is an amended filing

## Official Form 108

## Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt:		
Creditor's name:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt:		
Creditor's name:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt:		
Creditor's name:	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No

Debtor 1 **Harold Preston Byer, III**  
 Debtor 2 **Angela Dawn Byer**

Case number (if known) \_\_\_\_\_

name:

 Retain the property and redeem it. Yes

Description of  
property  
securing debt:

Retain the property and enter into a  
*Reaffirmation Agreement.*

 Retain the property and [explain]: \_\_\_\_\_**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Describe your unexpired personal property leases****Will the lease be assumed?**

Lessor's name:

 No

Description of leased  
Property:

 Yes

Lessor's name:

 No

Description of leased  
Property:

 Yes**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

**X /s/ Harold Preston Byer, III****Harold Preston Byer, III**

Signature of Debtor 1

**X /s/ Angela Dawn Byer****Angela Dawn Byer**

Signature of Debtor 2

Date

March 28, 2019

Date

March 28, 2019

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

### You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### Chapter 7: Liquidation

\$245 filing fee

\$75 administrative fee

+ \$15 trustee surcharge

\$335 total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

## Chapter 11: Reorganization

\$1,167	filing fee
+ \$550	administrative fee
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

**Read These Important Warnings**

**Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.**

**Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.**

**You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.**

**Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Chapter 12: Repayment plan for family farmers or fishermen**

+	\$200	filing fee
	\$75	<u>administrative fee</u>
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

**Chapter 13: Repayment plan for individuals with regular income**

+	\$235	filing fee
	\$75	<u>administrative fee</u>
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_form\\_s.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure).

### **Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html)

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**United States Bankruptcy Court**  
**Southern District of Indiana**

In re **Harold Preston Byer, III**  
**Angela Dawn Byer**

Debtor(s)

Case No.

Chapter

7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<b>965.00</b>
Prior to the filing of this statement I have received .....	\$	<b>965.00</b>
Balance Due .....	\$	<b>0.00</b>

2. The source of the compensation paid to me was:

Debtor       Other (specify):

3. The source of compensation to be paid to me is:

Debtor       Other (specify):

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtor(s) in any dischargeability actions, motions to avoid liens, or redeem, added creditors, reaffirmation agreements, relief from stay actions, contested matters or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

March 28, 2019

Date

/s/ Kevin Kinkade

Kevin Kinkade

*Signature of Attorney*

Kinkade & Associates, P.C.

123 NW 4th Street

Suite 201

Evansville, IN 47708-1709

812-434-4909 Fax: 812-434-4831

kinkadeassociates@hotmail.com

*Name of law firm*

**United States Bankruptcy Court  
Southern District of Indiana**

In re **Harold Preston Byer, III**  
**Angela Dawn Byer**

Debtor(s)

Case No.

Chapter

**7**

**VERIFICATION OF CREDITOR MATRIX**

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: **March 28, 2019**

**/s/ Harold Preston Byer, III**

**Harold Preston Byer, III**

Signature of Debtor

Date: **March 28, 2019**

**/s/ Angela Dawn Byer**

**Angela Dawn Byer**

Signature of Debtor

ACCOUNT RESOLUTION SERVICE  
1643 HARRISON PARKWAY SUITE 100  
SUNRISE, FL 33323

ADVANCED DIAGNOSTIC IMAGING, PC  
1120 PROFESSIONAL BLVD  
EVANSVILLE, IN 47732-3281

ADVANCED PAIN CARE CLINIC  
PO BOX 5249  
EVANSVILLE, IN 47716-5249

ADVANCED THERAPY INNOVATIONS  
5326 VOGEL RD  
EVANSVILLE, IN 47715

AFNI  
1310 MARTIN LUTHER KING DRIVE  
BLOOMINGTON, IL 61702

AKRON BILLING  
3585 RIDGE PARK DR  
AKRON, OH 44333

ALCOA BILLING CENTER  
3429 REGAL DR  
ALCOA, TN 37701-3265

ALLIED COLLECTION SERVICE INC.  
1607 CENTRAL AVE  
COLUMBUS, IN 47201-5370

ALLIED INTERSTATE  
PO BOX 361347  
COLUMBUS, OH 43236-1347

ALLTRAN FINANCIAL, LP  
PO BOX 610  
SAUK RAPIDS, MN 56379

ALLTRAN FINANCIAL, LP  
PO BOX 610  
SAUK RAPIDS, MN 56379

AMCA  
PO BOX 1235  
ELMSFORD, NY 10523

AMCOL SYSTEMS  
111 LANCEWOOD RD  
COLUMBIA, SC 29210

ANGELA D CHAPMAN  
315 STATE ST  
NEWBURGH, IN 47630-1231

AT&T  
ATTN: BANKRUPTCY DEPT.  
2612 N ROAN ST  
JOHNSON CITY, TN 37601-1708

BIG PICTURE LOANS  
N 5384 US HIGHWAY 45  
SUITE 400  
WATERSMEET, MI 49969

BUSINESS REVENUE SYSTEMS, INC.  
PO BOX 13077  
DES MOINES, IA 50310-0077

CAPITAL MANAGEMENT SERVICES LP  
698 1/2 S OGDEN ST  
BUFFALO, NY 14206

CAPITAL ONE  
ATTN: BANKRUPTCY DEPT.  
PO BOX 30285  
SALT LAKE CITY, UT 84130

CAPITAL ONE  
ATTN: BANKRUPTCY DEPT.  
PO BOX 30285  
SALT LAKE CITY, UT 84130

CAPITAL ONE  
ATTN: BANKRUPTCY DEPT.  
PO BOX 30285  
SALT LAKE CITY, UT 84130

CAPITAL ONE  
ATTN: BANKRUPTCY DEPT.  
PO BOX 30285  
SALT LAKE CITY, UT 84130

CAPITAL ONE  
ATTN: BANKRUPTCY DEPT.  
PO BOX 30285  
SALT LAKE CITY, UT 84130

CAPITAL ONE BANK USA NA  
15075 CAPITAL ONE DRIVE 2ND FLOOR  
RICHMOND, VA 23238

CASH PRO  
101 PLAZA EAST BLVD STE 100  
EVANSVILLE, IN 47715

CASH PRO  
101 PLAZA EAST BLVD STE 100  
EVANSVILLE, IN 47715

CENTURION FCU  
100 MLK BLVD  
EVANSVILLE, IN 47708

CITY OF EVANSVILLE - FIRE DEPT  
425 W MILL RD  
EVANSVILLE, IN 47710

COLLECTION ASSOCIATES NDBA RMP  
PO BOX 20508  
1809 N BROADWAY ST  
INDIANAPOLIS, IN 46220

COLLECTION ASSOCIATES NDBA RMP  
PO BOX 20508  
1809 N BROADWAY ST  
INDIANAPOLIS, IN 46220

COLLECTION ASSOCIATES NDBA RMP  
PO BOX 20508  
1809 N BROADWAY ST  
INDIANAPOLIS, IN 46220

COLLECTION ASSOCIATES NDBA RMP  
PO BOX 20508  
1809 N BROADWAY ST  
INDIANAPOLIS, IN 46220

COLLECTION ASSOCIATES NDBA RMP  
PO BOX 20508  
1809 N BROADWAY ST  
INDIANAPOLIS, IN 46220

COMENITY BANK  
ATTN: BANKRUPTCY DEPT  
PO BOX 182125  
COLUMBUS, OH 43218-2125

COMENITY BANK/VICTORIA'S SECRET  
PO BOX 659728  
SAN ANTONIO, TX 78265

COMMONWEALTH FINANCE  
245 MAIN ST  
SCRANTON, PA 18519

COMMUNITY MEMORIAL HOSPITAL  
208 COLUMBUS STREET  
HICKSVILLE, OH 43526

COMPLETE BILLING SERVICES  
517 US HWY 31 NORTH  
GREENWOOD, IN 46142

COMPLETE BILLING SERVICES  
517 US HWY 31 NORTH  
GREENWOOD, IN 46142

COMPLETE BILLING SERVICES  
517 US HWY 31 NORTH  
GREENWOOD, IN 46142

COMPLETE BILLING SERVICES  
517 US HWY 31 NORTH  
GREENWOOD, IN 46142

COMPLETE BILLING SERVICES  
517 US HWY 31 NORTH  
GREENWOOD, IN 46142

CRANE FEDERAL CREDIT UNION  
1 WEST GATE DRIVE  
ODON, IN 47562

CREDENCE RESOURCE MANAGEMENT  
PO BOX 2300  
SOUTHGATE, MI 48195

CREDIT CONTROL, LLC  
5757 PHANTOM DR STE 330  
HAZELWOOD, MO 63042

CREDIT ONE BANK  
PO BOX 98873  
LAS VEGAS, NV 89119

DAVID SHAW  
PO BOX 3047  
EVANSVILLE, IN 47730

DEACONESS HEALTH SYSTEM  
PO BOX 1230  
EVANSVILLE, IN 47706-1230

DEACONESS HEALTH SYSTEM  
PO BOX 1230  
EVANSVILLE, IN 47706-1230

DEACONESS HEALTH SYSTEM  
PO BOX 1230  
EVANSVILLE, IN 47706-1230

DEACONESS HEALTH SYSTEM  
PO BOX 1230  
EVANSVILLE, IN 47706-1230

DEACONESS HOSPITAL  
PO BOX 152  
EVANSVILLE, IN 47701-0152

DEACONESS SINGLE BILLING  
DEACONESS SINGLE BILLING (EPIC)  
PO BOX 1230  
EVANSVILLE, IN 47706

DEACONESS SINGLE BILLING  
DEACONESS SINGLE BILLING (EPIC)  
PO BOX 1230  
EVANSVILLE, IN 47706

DEACONESS SINGLE BILLING  
DEACONESS SINGLE BILLING (EPIC)  
PO BOX 1230  
EVANSVILLE, IN 47706

DEACONESS SINGLE BILLING  
DEACONESS SINGLE BILLING (EPIC)  
PO BOX 1230  
EVANSVILLE, IN 47706

DEACONESS WOMEN'S ANESTHESIA  
PO BOX 1230  
EVANSVILLE, IN

DEACONESS WOMENS HOSPITAL  
4199 GATEWAY BLVD  
NEWBURGH, IN 47630

DEAN FAMILY DENTAL PRACTICE, LLC  
710 W MILL RD  
EVANSVILLE, IN 47710-3928

DISCOVER BANK  
DISCOVER PRODUCTS  
PO BOX 3025  
NEW ALBANY, OH 43054

DIVERSIFIED CONSULTANTS, INC.  
PO BOX 551268  
JACKSONVILLE, FL 32255

DYNAMIC RECOVERY SOLUTIONS  
PO BOX 25759  
GREENVILLE, SC 29616

EMERGENCY PROF OF INDIANA PC  
PO BOX 740023  
CINCINNATI, OH 45274

EPI FINANCE GROUP, LLC  
517 US HIGHWAY 31 N  
GREENWOOD, IN 46142-3932

EPI FINANCE GROUP, LLC  
517 US HIGHWAY 31 N  
GREENWOOD, IN 46142-3932

EPI FINANCE GROUP, LLC  
517 US HIGHWAY 31 N  
GREENWOOD, IN 46142-3932

EPI FINANCE GROUP, LLC  
517 US HIGHWAY 31 N  
GREENWOOD, IN 46142-3932

ERC  
8014 BAYBERRY ROAD  
JACKSONVILLE, FL 32256

ERC  
8014 BAYBERRY ROAD  
JACKSONVILLE, FL 32256

EVANSVILLE ANESTHESIA ASSOCIATES BILLING  
PO BOX 2406  
INDIANAPOLIS, IN 46206-2406

EVANSVILLE OBGYN  
7145 E VIRGINIA STREET  
EVANSVILLE, IN 47715

EVANSVILLE RADIOLOGY PC  
350 W COLUMBIA ST STE 420  
EVANSVILLE, IN 47710

EVANSVILLE SURGICAL ASSOCIATES  
PO BOX 23250  
EVANSVILLE, IN 47724

FINANCIAL RECOVERY SERVICES  
PO BOX 385908  
MINNEAPOLIS, MN 55438

FIRST PREMIER BANK  
PO BOX 5519  
SIOUX FALLS, SD 57117-5519

FRONTLINE ASSET STRATEGIES  
2700 SNELLING AVENUE N  
SUITE 250  
ROSEVILLE, MN 55113-1783

FROST - ARNET COMPANY  
PO BOX 198988  
NASHVILLE, TN 37219

GATESTONE & CO. INTERNATIONAL INC  
PO BOX 790113  
SAINT LOUIS, MO 63179

GHA- ST. MARY'S MEDICAL CENTER  
3700 WASHINGTON AVENUE  
EVANSVILLE, IN 47750

GLOBAL RECEIVABLES SOLUTIONS, INC.  
2703 N HWY 75  
SHERMAN, TX 75090

HOOSIER ACCOUNTS SERVICE  
PO BOX 4007  
EVANSVILLE, IN 47724-0007

HOOSIER ACCOUNTS SERVICE  
PO BOX 4007  
EVANSVILLE, IN 47724-0007

HOOSIER ACCOUNTS SERVICE  
PO BOX 4007  
EVANSVILLE, IN 47724-0007

HOOSIER ACCOUNTS SERVICE  
PO BOX 4007  
EVANSVILLE, IN 47724-0007

HOOSIER ACCOUNTS SERVICE  
PO BOX 4007  
EVANSVILLE, IN 47724-0007

HOOSIER ACCOUNTS SERVICE  
PO BOX 4007  
EVANSVILLE, IN 47724-0007

HOOSIER ACCOUNTS SERVICE  
PO BOX 4007  
EVANSVILLE, IN 47724-0007

HOOSIER ACCOUNTS SERVICE  
PO BOX 4007  
EVANSVILLE, IN 47724-0007

HRRG  
PO BOX 459080  
SUNRISE, FL 33345

INDIANA DEPARTMENT OF REVENUE  
100 SENATE DRIVE ROOM N240  
INDIANAPOLIS, IN 46204-2217

IRS  
PO BOX 7346  
PHILADELPHIA, PA 19101

IVY TECH COLLEGE OF INDIANA  
3501 FIRST AVE  
EVANSVILLE, IN 47710

JEFFERSON CAPITAL SYSTEMS, LLC  
16 MCCLELLAND DR  
ST. CLOUD, MN 56303

KAHN, DEES, DONOVAN & KAHN  
PO BOX 3646  
EVANSVILLE, IN 47735-3646

KOHLS  
PO BOX 3115  
MILWAUKEE, WI 53201

KRISTIN SCHAEFER  
1911 LINCOLN AVENUE  
EVANSVILLE, IN 47728

LABORATORY CORP OF AMERICA BILLING  
PO BOX 2240  
BURLINGTON, NC 27216

LABORATORY CORP. OF AMERICA  
1200 PROFESSIONAL BLVD  
EVANSVILLE, IN 47714

LVNV FUNDING LLC  
55 BEATTIE PL STE 110  
GREENVILLE, SC 29601

MED 1 SOLUTIONS  
517 US HWY 31 N  
GREENWOOD, IN 46142

MED 1 SOLUTIONS  
517 US HWY 31 N  
GREENWOOD, IN 46142

MED 1 SOLUTIONS  
517 US HWY 31 N  
GREENWOOD, IN 46142

MED 1 SOLUTIONS  
517 US HWY 31 N  
GREENWOOD, IN 46142

MED 1 SOLUTIONS  
517 US HWY 31 N  
GREENWOOD, IN 46142

MED 1 SOLUTIONS  
517 US HWY 31 N  
GREENWOOD, IN 46142

MED 1 SOLUTIONS  
517 US HWY 31 N  
GREENWOOD, IN 46142

MEDICAL & PROFESSIONAL COLLECTION SVC.  
5055 NEWBURGH PLAZA SOUTH  
NEWBURGH, IN 47630

MEDICAL & PROFESSIONAL COLLECTION SVC.  
5055 NEWBURGH PLAZA SOUTH  
NEWBURGH, IN 47630

MEDICAL & PROFESSIONAL COLLECTION SVC.  
5055 NEWBURGH PLAZA SOUTH  
NEWBURGH, IN 47630

MEDICAL & PROFESSIONAL COLLECTION SVC.  
5055 NEWBURGH PLAZA SOUTH  
NEWBURGH, IN 47630

MEDICAL & PROFESSIONAL COLLECTION SVC.  
5055 NEWBURGH PLAZA SOUTH  
NEWBURGH, IN 47630

MEDICAL & PROFESSIONAL COLLECTION SVC.  
5055 NEWBURGH PLAZA SOUTH  
NEWBURGH, IN 47630

MEDICAL & PROFESSIONAL COLLECTION SVC.  
5055 NEWBURGH PLAZA SOUTH  
NEWBURGH, IN 47630

MEDICAL & PROFESSIONAL COLLECTION SVC.  
5055 NEWBURGH PLAZA SOUTH  
NEWBURGH, IN 47630

MEDICAL & PROFESSIONAL COLLECTION SVC.  
5055 NEWBURGH PLAZA SOUTH  
NEWBURGH, IN 47630

MEDICAL & PROFESSIONAL COLLECTION SVC.  
5055 NEWBURGH PLAZA SOUTH  
NEWBURGH, IN 47630

MEDICAL & PROFESSIONAL COLLECTION SVC.  
5055 NEWBURGH PLAZA SOUTH  
NEWBURGH, IN 47630

MEDICAL & PROFESSIONAL COLLECTION SVC.  
5055 NEWBURGH PLAZA SOUTH  
NEWBURGH, IN 47630

MEDICAL & PROFESSIONAL COLLECTION SVC.  
5055 NEWBURGH PLAZA SOUTH  
NEWBURGH, IN 47630

MIDWEST RECOVERY SYSTEMS  
514 EARTH CITY PLAZA STE 100  
EARTH CITY, MO 63045

MIRAMED REVENUE GROUP LLC  
360 E 22ND STREET  
LOMBARD, IL 60148

NATIONAL RECOVERY AGENCY  
2491 PAXTON ST  
HARRISBURG, PA 17111

NAVIENT  
PO BOX 9500  
WILKES BARRE, PA 18773

OFFICE OF THE UNITED STATES ATTORNEY  
SOUTHERN DISTRICT OF INDIANA  
10 WEST MARKET STREET, STE 2100  
INDIANAPOLIS, IN 46204

PAUL VOGLER ESQ  
1 WEST GATE DRIVE  
ODON, IN 47562

PCH BILLING  
PO BOX 6344  
HARLAN, IA 51593

PED OPHTH & ADULT STRABISMUS  
PO BOX 6069 DEPT 156  
INDIANAPOLIS, IN 46206

PHOENIX FINANCIAL SERVICES LLC  
8902 OTIS AVE STE 103A  
INDIANAPOLIS, IN 46216

PORTFOLIO RECOVERY ASSOCIATES, LLC  
120 CORPORATE BLVD STE 100  
NORFOLK, VA 23502

PREMIER BANKCARD  
3820 NORTH LOUISE AVE  
SIOUX FALLS, SD 57107

PROFESSIONAL & BUSINESS COLLECTIONS INC.  
KAHN DEES DONOVAN KAHN  
501 MAIN STREET SUITE 305  
EVANSVILLE, IN 47708

PUBLISHERS CLEARING HOUSE  
101 WINNERS CIRCLE  
JERICHO, NY 11753

R&D INVESTMENTS  
707 N MAIN STREET  
EVANSVILLE, IN 47711

R1 MEDICAL FINANCIAL SOLUTIONS  
PO BOX 50871  
KALAMAZOO, MI 49005

RECEIVABLES MANAGEMENT PARTNERS  
FDBA COLLECTION ASSOCIATES  
PO BOX 349  
GREENSBURG, IN 47240-8217

RECEIVABLES PERFORMANCE MANAGEMENT LLC  
20816 44TH AVE WEST  
LYNNWOOD, WA 98036

REPUBLIC BANK  
C/O EPI FINANCE GROUP  
517 US HIGHWAY 31 NORTH  
GREENWOOD, IN 46142

REPUBLIC BANK  
C/O EPI FINANCE GROUP  
517 US HIGHWAY 31 NORTH  
GREENWOOD, IN 46142

REPUBLIC BANK  
C/O EPI FINANCE GROUP  
517 US HIGHWAY 31 NORTH  
GREENWOOD, IN 46142

REPUBLIC BANK  
C/O EPI FINANCE GROUP  
517 US HIGHWAY 31 NORTH  
GREENWOOD, IN 46142

REPUBLIC SERVICES  
PO BOX 9001099  
LOUISVILLE, KY 40290-1099

REV 1 SOLUTIONS  
517 US HWY 31 N  
GREENWOOD, IN 46142

REV 1 SOLUTIONS  
517 US HWY 31 N  
GREENWOOD, IN 46142

REV 1 SOLUTIONS  
517 US HWY 31 N  
GREENWOOD, IN 46142

REV 1 SOLUTIONS  
517 US HWY 31 N  
GREENWOOD, IN 46142

REV 1 SOLUTIONS  
517 US HWY 31 N  
GREENWOOD, IN 46142

SOURCE RECEIVABLES MANAGEMENT  
4615 DUNDAS DR STE 102  
GREENSBORO, NC 27407

SOUTHERN INDIANA IMAGING CONSULTANTS  
PO BOX 138  
EVANSVILLE, IN 47701-0138

ST. MARY'S  
7109 RELIABLE PARKWAY  
CHICAGO, IL 60686

ST. MARY'S CONVENIENT CARE &  
OCCUPATIONAL MEDICINE  
801 ST. MARY'S DR STE 406E  
EVANSVILLE, IN 47714

ST. MARY'S MEDICAL CENTER  
3700 WASHINGTON AVE  
EVANSVILLE, IN 47714

ST. MARY'S MEDICAL GROUP  
PO BOX 14099  
BELFAST, ME 04915

ST. MARY'S MEDICAL GROUP BILLING  
PO BOX 13059  
BELFAST, ME 04915

ST. VINCENT EVANSVILLE MEDICAL GROUP  
PO BOX 14099  
BELFAST, ME 04915

ST. VINCENT EVANSVILLE URGENT CARE  
PO BOX 3444  
EVANSVILLE, IN 47733

ST. VINCENT HOSPITAL EVANSVILLE  
3700 WASHINGTON AVENUE  
EVANSVILLE, IN 47750

ST. VINCENT MEDICAL GROUP  
PO BOX 636780  
CINCINNATI, OH 45263-6780

ST. VINCENT MEDICAL GROUP EVANSVILLE  
PO BOX 14000  
BELFAST, ME 04915

ST. VINCENT PHYSICIAN BUSINESS SERVICES  
2001 W 86TH STREET  
INDIANAPOLIS, IN 46260

STEVEN A. RUPERT LLC  
8221 BERRY DR  
EVANSVILLE, IN 47710

SUSAN NESBITT, MD  
EVANSVILLE ANESTHESIA ASSOCIATES  
7 PARKWAY CENTER SUITE 375  
PITTSBURGH, PA 15220

TEAM HEALTH  
PO BOX 5305  
AKRON, OH 44334

THE WOMEN'S HOSPITAL  
4199 GATEWAY BLVD  
NEWBURGH, IN 47630

THE WOMEN'S HOSPITAL  
4199 GATEWAY BLVD  
NEWBURGH, IN 47630

THE WOMEN'S HOSPITAL PROVIDER SVCS  
PO BOX 637272  
CINCINNATI, OH 45263

THE WOMEN'S HOSPITAL PROVIDER SVCS  
PO BOX 637272  
CINCINNATI, OH 45263

THOMAS HASTETTER, MD  
7145 E VIRGINIA ST  
EVANSVILLE, IN 47715

US DEPARTMENT OF EDUCATION  
PO BOX 69184  
HARRISBURG, PA 17106

US DEPT. OF JUSTICE/US ATTORNEY GENERAL  
950 PENNSYLVANIA AVENUE, NW  
WASHINGTON, DC 20530-0001

US DEPT. OF JUSTICE/US ATTORNEY GENERAL  
950 PENNSYLVANIA AVENUE, NW  
WASHINGTON, DC 20530-0001

VECTREN ENERGY DELIVERY  
ATTN SHARON ARMSTRONG  
PO BOX 209  
EVANSVILLE, IN 47702

WEST ASSET MANAGEMENT  
PO BOX 790113  
ST LOUIS, MO 63179

WESTERN ALLIANCE BANK  
PO BOX 927830  
SAN DIEGO, CA 92192